

Local Mental Health Services (MHS) Fund Cash Flow Statement

City/County: _____

Calendar Year: _____

Date: _____

Period Ending: September 30

A. Local MHS Cash and Investments On-Hand According to City/County Financial Records	
1. MHS Cash and Investments On-Hand from Financial Records-Beginning of 6 Month Period	
2. Deposits to MHS Fund During 6 Month Period	
a. MHS Distributions from the California Department of Mental Health	
b. Medi-Cal FFP, EPSDT SGF and Other Off-Setting Revenues	
3. Net MHS Transfers out of Fund (i.e., expenditures) During 6 Month Period (negative amount)	
4. Interest Income Posted to MHS Fund	
5. MHS Cash and Investments On-Hand from Financial Records-End of Period	0
B. Adjustments to Reflect Funds Reserved for:	
1. Obligations/Encumbrances	
2. Pre-Paid Expenses (Enter as Negative Number)	
3. CSS One-Time Expenditures Not Incurred	
4. Revenues	
5. Total Adjustments	0
C. Funds Set Aside for a Local Prudent Reserve in Accordance with WIC 5847(a)(7)	
D. Unreserved MHS Cash and Investments On-Hand	0

CERTIFICATION

I HEREBY CERTIFY, to the best of my knowledge and belief, under penalty of perjury, that this Cash Flow Statement is correct and complete and that all expenditures have been made in accordance with the Mental Health Services Act requirements.

Signature _____

Name and Title _____

Prepared By:

Name and Title _____

E-Mail Address _____

Telephone # _____